## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

## **CLAIMS**

|               | AS FILED |      | AFTER  1* AMENDMENT |           | AFTER 2 MAMENDMENT |      |
|---------------|----------|------|---------------------|-----------|--------------------|------|
|               | IND.     | DEP. | IND.                | DEP.      | IND.               | DEP. |
| 1             |          |      | /                   | <b></b> _ |                    |      |
| 3             |          |      |                     |           |                    |      |
| 4             |          |      |                     |           |                    |      |
| 5             |          |      |                     |           |                    |      |
| 6             |          |      |                     |           |                    |      |
| 7             |          |      |                     |           |                    |      |
| 8             |          |      |                     |           |                    |      |
| 9             |          |      |                     |           |                    |      |
| 10            |          |      |                     |           |                    |      |
| 11            |          |      |                     |           |                    |      |
| 12            |          |      |                     |           |                    |      |
| 13<br>14      |          |      |                     |           |                    |      |
| 15            |          |      |                     |           |                    |      |
| 16            |          |      |                     |           |                    |      |
| 17            |          |      |                     |           |                    |      |
| 18_           |          |      |                     |           |                    |      |
| 19            |          |      |                     |           |                    |      |
| 20            |          |      |                     |           |                    |      |
| 21            |          |      |                     |           |                    |      |
| 22            |          |      |                     |           |                    |      |
| 23            |          |      |                     |           |                    |      |
| 24            |          |      |                     |           |                    |      |
| 25<br>26      |          |      |                     |           |                    |      |
| 27            |          |      |                     |           |                    |      |
| 28            |          |      |                     |           |                    |      |
| 29            | -        |      |                     |           | -                  |      |
| 30            |          |      |                     |           |                    |      |
| 31            |          |      |                     |           |                    |      |
| 32            |          |      |                     |           |                    |      |
| 33            |          |      |                     |           |                    |      |
| 34            |          |      |                     |           |                    |      |
| 35_           |          |      |                     |           |                    |      |
| 36            |          |      |                     |           |                    |      |
| 37            |          |      |                     |           |                    |      |
| 38            |          |      |                     |           |                    |      |
| 39            |          |      |                     |           |                    |      |
| 40            |          |      |                     |           |                    |      |
| 41            |          |      |                     |           |                    |      |
| 42            |          |      |                     |           |                    |      |
| 44            |          |      |                     |           |                    |      |
| 45            | -        |      |                     |           |                    |      |
| 46            |          |      |                     |           |                    |      |
| 47            |          | -    |                     |           |                    |      |
| 48            |          |      |                     |           |                    |      |
| 49            |          |      |                     |           |                    |      |
| 50            |          |      |                     |           |                    |      |
| TOTAL         |          |      | 2                   |           |                    |      |
| IND.          |          |      |                     |           |                    |      |
|               |          | 4    | $\Box$              | 4         |                    | 4    |
| TOTAL         |          |      | <i>'</i>            |           |                    |      |
| TOTAL<br>DEP. |          |      | <del></del>         |           |                    |      |
| TOTAL         |          |      | 9                   |           |                    |      |